



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 070

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Peter McVerry Trust
Registered Capacity:	Five young people
Type of Inspection:	Announced
Date of inspection:	19th and 20th of January 2021
Registration Status:	Registered from the 04th of March 2021 to the 04th of March 2024
Inspection Team:	Eileen Woods Linda McGuinness
Date Report Issued:	10th March 2021

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996.

Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 04th of March 2003. At the time of this inspection the centre was in its eighth registration and was in year three of the cycle. The centre was registered without attached conditions from the 04th of March 2018 to the 04th of March 2021.

The centre was registered to provide medium to long term care for up to a five young people aged between 12 to 17 upon admission, the centre by agreement accommodates a maximum of four young people at any one time. The provision of aftercare support forms part of the purpose and function also. The centre operated a strengths-based therapeutic model of care which is trauma informed within which individualised planning for young people was guided by a therapeutic placement planning model called the Well Tree model. There were four young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.1, 2.2, 2.3, 2.4, 2.5, 2.6
6: Responsive Workforce	6.1, 6.2, 6.3, 6.4

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make. Due to the emergence of Covid-19 this review inspection was carried out remotely. This inspection was carried out through a review of documentation and a number of telephone interviews.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager on the 17th of February 2021 and to the relevant social work departments on the 17th of February 2021. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager and director of child and family services returned the report with a CAPA on the 4th of March 2021. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 070 without attached conditions from the 4th of March 2021 to the 4th of March 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5 Practices and Operational Policies

Regulation 8 Accommodation

Regulation 13 Fire Precautions

Regulation 14 Safety Precautions

Regulation 17 Records

Theme 2: Effective Care and Support

Standard 2.1 Each child's identified needs inform their placement in the residential centre.

The centre had a policy on admissions that had been most recently reviewed in December 2020. The policy took account of the National Standards for Children's Residential Centres, 2018 (HIQA) along with the relevant legislation. Inspectors found that the policy on admissions was young person or child centred, therapeutic and supportive, with a focus on the areas relevant to the ethos of the service around education, family, care for now and for the future. The policy and its procedures were aligned to the statement of purpose and function and the allocated social workers and centre staff stated that they found the referrals and admissions procedures suitable for the centre and the young people. The social workers and family members were involved in admissions processes and there were tailored opportunities in line with each young person's wishes or circumstances for becoming familiar with the centre. The admissions policy had procedures for emergency admissions also should a young person require a fast move to the centre from an unsafe setting.

The policy outlined that a key worker was assigned during the transition phase and one of their core tasks, along with the manager, during that time was to give information to the young person regarding all aspects of the centre and their rights. The centre had a young people's handbook to provide to young people and they also gave them a copy of the HIQA "your guide to children's residential centres". The records on file, the staff interviews and young people and staff questionnaires reflected that this process of planned transitions was followed and was individualised where needed regarding the speed of it. Inspectors found that the young people's information booklets required updating to be more reflective of the centres approach to their care and some aspects of the booklet were out of date such as the roles aligned to the centre from Tusla staff.

The team began meaningful engagement with young people from the outset of their transition phase, all admission decisions were informed by a robust referrals procedure followed by the manager. The completion of collective pre-admission risk assessments was utilised to balance the needs of the resident young people with those of young people referred to the centre. The collective risk assessments reviewed by inspectors were comprehensive and of a high standard.

The allocated social workers and the centre staff team, led by the manager and assigned key workers completed an assessment of the needs of the young person through a collaborative and multi-disciplinary approach. The views of the young people, the family and the social workers were taken account of and through the structured placement plan format a therapeutic placement plan was developed over the initial weeks of the placement. This was also informed by the young person's child in care statutory care plan. The assessment of need process was reflected throughout the policy document in relevant areas related to admissions, key working and placement planning. The social workers for the young people were clear about the ongoing placement plan process although they had not specifically noted their initial involvement in the scoring system for the placement plan. Inspectors recommend that this be made clearer to the parties at the point of first assessment and scoring.

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

There were four young people living at the centre at the time of the inspection and inspectors interviewed three of the allocated social workers. They confirmed that there was a completed child in care plan for the placement and statutory child in care reviews booked or completed with the care plan updated following those meetings. The manager confirmed that three of the four young people had their statutory care planning documents on file, care plan documents were pending for one young person at the time of the inspection. The staff had been in communication with the social worker and the social work department regarding a copy for the young person's file. The young people were supported by the team and by their social workers to contribute to and attend their care plan and review meetings. Their key workers attended along with the manager and were supported to build experience in this aspect of their work.

The policy and supporting procedures, documents and training in the model of placement planning, the Well Tree model, were all in place at the centre. There was

ongoing monthly consultation with the consultant specialist in the model. The staff team had a clear and grounded understanding of the underpinning model of the placement plan process, which was trauma and attachment informed, positives and strengths led with a supporting framework for measuring and tracking outcomes for young people.

The young people each had a placement plan on file that was up to date, regularly reviewed and evidenced the young people's wishes and views. The social workers were satisfied through their communications and meetings with the centre that the team worked in accordance also with the aims and actions identified in the care plan.

Inspectors reviewed placement plans for all four young people and found these to contain a high standard of evidence of actions, care and creativity by the team in seeking to address young people's needs. The plans linked well to the behaviour management and safeguarding plans which was necessary as a number of young people were experiencing ongoing difficulties in keeping safe and in trusting adults and carers. Although inspectors were completing this inspection through a remote process and therefore did not view all the individual work reports on file the questionnaires, interviews and some feedback from young people supported that the work identified on the placement plan was actioned and adapted where required.

The placement plans identified the external supports required for the young people. There was evidence of the centres relationship with other voluntary bodies offering services for young people and supporting the team with information where needed, for example in substance misuse. The young people were referred by their social workers or G. P's to specialist clinical services and the team advocated well for services the young people needed.

There were regular meetings with the social workers for the young people including strategy meetings, professional's meetings and where required family welfare conferences. Professionals meetings and strategy meetings were held in accordance with the level of need being presented by a young person. The social workers identified good and effective communication as a strength of the centre manager and staff practice.

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The premises were suitable to provide safe and effective care. The layout and design of the accommodation was suitable to meet the needs of the young people. The

premises were comfortable, clean, well maintained and in a good state of repair. The centre was adequately heated, lit and ventilated. Bathroom facilities were adequate and afforded privacy for each of the young people.

The centre underwent a complete refurbishment in 2018 during which all the young people's bedrooms were provided with ensuite bathrooms. The communal areas were also redecorated and all the building systems such as insulation updated. The centre celebrated its anniversary with an event in 2019 during which young people showed visitors around the centre.

The manager outlined the recreation options within the house that included areas to exercise, relax, meet visitors and friends privately and a safe and covered outdoor space that was particularly used during the lock down periods of the 2020/2021 Covid 19 pandemic.

The young people named to inspectors the "homely" and "nice and respectful" place it was to live, they added that it was a place where they felt safe once inside. They particularly liked their bedrooms. Inspectors were told by social workers that there were photos on display and a sense of community and continuity in the centre. There was evidence that the young people could decorate their rooms once moved in and could change rooms if that were possible. The staff stated that the property was well maintained decoratively and that there was sufficient budget for buying in games and resources for home schooling for example like laptops when that was required. The manager provided proof of fire safety checks and weekly and monthly health and safety audits at the centre. Proof of up to date, adequate insurance against accidents or injuries was provided to inspectors also.

The centre had a centre specific safety statement and risk assessment developed in line with Health and Safety regulations and this was implemented in July 2020, it was in draft format initially. The manager had the lead responsibility for the health and safety compliance in the centre and there were assigned roles on the staff team of health and safety officer, a fire safety officer and a first aid officer, with a staff identified to act in their absence. The duties for each role were outlined. The centre manager reported externally to the regulation and compliance manager and to the director of child and family services.

The centre had a policy on Covid 19 and control measures and updates in place to support infection control measures. There were centre specific Covid 19 compliance audits completed by the regulation and compliance manager for the PMVT under 18's

services. There were protocols and equipment in place to assist staff throughout the ongoing pandemic period.

The centre had policies on Covid-19, maintaining a safe and homely environment and transport as well as their health and safety statement and audit measures. The centre had a vehicle and this was subject to regular checks by staff.

Standard 2.4 The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.

The centre had policy guidelines outlining what documents were required for a young person's file. The staff gave good quality responses on file creation and contents and key workers took the lead role with the centre manager in ensuring all relevant items were on file. These included copies of any care orders, records of immunisation and birth certificates. Where these were not on file they were pursued by staff and requested from the social work department.

The centre had an office with locked cabinets and the centre manager stated that they maintained any additional confidential documents in a locked cabinet in their office. The staff had access to policies on confidentiality, data protection and safe communication. The manager utilised password protection for documents provided to inspectors and safety arrangements were agreed for any others provided. The records reviewed by inspectors were clearly formatted and consistent in quality and structure. The staff described a system of filing that all staff were accountable for and that was reviewed by the manager and the external compliance manager through monthly audits. When there were four young people resident the inspectors were told that a third staff was in place to comply with the commitments from the pre admission risk assessments and the busy nature of the day to day needs of the young people. Inspectors found that staff did not routinely record the name of the third person on duty on the daily logs and handover sheets and must ensure that they do this.

The young people were made aware that records were maintained at the centre and they were offered opportunities to complete their planning with their key workers and to see the daily logs maintained by staff about their day to day life.

Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.

Inspectors found that the centre manager and their line management had embedded a culture of good quality interdisciplinary communication with other services in pursuit of better and safer outcomes for young people. Within the centre staff team inspectors were told that the team communicated well and openly, with a positive culture of engagement in staff meetings, supervision and training. There were varied opportunities for staff to build interdisciplinary working skills and the team spoke positively of the leadership from the manager.

The model of placement planning implemented at the centre incorporated family, social workers and the young person with their carers in creating and reviewing the placement plan. The social workers did not have a specific recollection of completing the initial collaborative scoring of the placement plan although they spoke positively of the planning at the centre. Inspectors recommend that the centre to circulate information to social workers to identify the process of initial placement plan scoring and to highlight the process when completing it. The placement planning process created a system for tracking outcomes and adapting planning to respond to positives and areas of strength for a young person.

This centre's purpose and function included the provision of aftercare support both formally and later informally to young people who had lived at the centre. The Trust who operate this centre also operated aftercare placements and housing options that young adults can either be referred to or can access again in their life. A record maintained of the centres aftercare support illustrated that the centre with its familiar team and its central urban location was a key point of contact for young people who had left the care of the centre in the past.

In 2020 a number of young people had moved from the centre, discharges varied from entering supported aftercare, special care and placements for young parents. Final placement planning for pre discharges evidenced a planned approach with evidence of collaborative work with the young people, family and other professionals in pursuit of a positive discharge experience. The centre had experienced the loss of a young adult who had recently left their care and advocated along with their Trust for ongoing improvements in the provision of supports for young people leaving care and for mental health resources and supports.

The young people's key workers and centre manager attended meetings and shared relevant information when young people were moving. There was planning

throughout a placement that ensured that personal items and mementos were gathered to give to a young person upon discharge.

Inspectors were provided with a copy of the annual review of compliance 2020 and the service improvement plan for 2021, these have informed a plan for gathering the views of young people through a young person's survey, updating young people's induction processes and inspectors have recommended alongside this that there be a review of the young people's handbook. The service has also identified a gap in mechanisms for tracking trends in complaints, child protection, significant incidents and were investing in a software package to assist with this process.

Standard 2.6 Each child is supported in the transition from childhood to adulthood.

Inspectors found that preparation for leaving care was part of the integrated work of the team throughout the placement plans in accordance with age and need. Written feedback from young people to inspectors identified that they had help in key areas of building skills for life. Their views and personal goals were incorporated by their key workers into their plans. The core focus of the centre on education, training and employment was pursued in particular. The social workers were happy with the work undertaken by the team and a social worker named that the centre had assisted the aftercare planning when a young person was refusing to engage with their Tusla assigned aftercare worker.

The centre's purpose and function incorporated aftercare provision and interagency work toward good quality aftercare and all staff understood this as a key function of the centre. As stated the centre offered a transitional support package for young people leaving the centre and a record was kept of those dropping by for advice, support and practical assistance, for example printing a C.V.

At the time of the inspection one young person was moving and a second young person was moving toward a planned discharge, both had been made aware of the options or definite location for their move and the reasons for this. There was evidence of key workers and the team gathering key documents and making essential preparations for things like passports and bank accounts for young people. Despite aftercare preparation being hindered by a lack of engagement and high absences from some young people the team had worked consistently to try to address these issues in a cohesive manner. There was a connection between the placement plan, the behaviour support plans and the interdisciplinary work established with the

social workers, the Gardaí, other associated professionals and any involved family members.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 2.3 Standard 2.2 Standard 2.5
Practices met the required standard in some respects only	Standard 2.1 Standard 2.4
Practices did not meet the required standard	None identified

Actions required

- The centre manager must organise for the review and updating of the young people's information handbook.
- The centre manager should ensure that information is available for family and social workers that outline the key aspects of the model of needs assessment and placement plan scoring.
- The centre staff must ensure that the names of all staff on duty are recorded on the daily logs and on the handovers sheets.

**Regulations 6 Person in Charge
Regulation 7 Staffing**

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

The director of child and family services along with the regulation and compliance manager oversaw the operational and the regulatory compliance oversight of the centre. They had systems in place for the routine auditing of the centre through

quarterly external audits by the regulation and compliance manager and through monthly audits and reporting by the centre manager. They also met on a monthly basis through manager's meetings for the under 18's services and the director of child and family services supervised the centre manager. Recruitment and development of staff formed part of the focus of the oversight and there was consideration given to the balance of stability and skills on the team. The centre manager oversaw operational practices within the centre through their internal systems and governance of daily practices.

The centre staffing complement was a centre manager plus eight staff with one further three quarter time post. Four of the staff were social care leaders. The centre manager stated that this provided sufficient staff to meet the needs of the young people and that there was flexibility to provide a third staff member daily to meet demand for busy times. The inspectors, as stated, did not note a third staff member recorded as present on the daily logs and handover samples provided, all staff on duty on a day should be consistently noted across all records. The young people named that the staff team were available, warm and caring. The social workers noted that there were sufficient staff to work with the young people around their missing from care episodes for example where collecting a young person was required.

The manager discussed leave with staff at supervision and there were opportunities open for staff to take their annual leave, arrangements in advance for maternity or study leave. Not all types of leave requests could be fully facilitated at all times given the size of the team but efforts were made to meet these requests. There was a bank of relief staff identified for covering emergencies and sick leave. There was a Covid-19 contingency plan that took account of staffing also.

Staff retention was addressed through the comprehensive HR policies and procedures document and staff handbook, measures included opportunities to progress and develop a career, to build skills, to positively contribute and be heard, to hold roles, receive training and be supported by the team, managers and the Trust. The staff were satisfied with the organisation's systems in place for support, development and advice.

There was an on call service in place called 'critical on call', there was a policy and procedure in place for this. The staff team were familiar with the thresholds for its use, such as significant property damage, child protection concerns, hospital admissions and sudden or unexpected sick leave. Inspectors found it was well established and utilised by the team in accordance with the criteria laid out within

the policy. Its use was recorded and then reviewed by the centre manager and the senior management team. During the pandemic there was a 24-hour nurse on call for Covid-19 advice.

Standard 6.2 The registered provider recruits people with required competencies to manage and deliver child – centred, safe and effective care and support.

The centre staff team were qualified with a relevant qualification in social care in the main and were a balance of experienced and skilled for the role. Staff who had commenced employment before the introduction of the qualification requirements were being supported by the centre manager toward the completion of further education.

The centre manager was qualified and experienced for their role and demonstrated their competencies and skills in the execution of that role. They had received training in the provision of professional supervision. The work of the manager and the team was overseen by the external management who found through a series of audits and monthly oversight mechanisms that the centre was operating to a good standard, in particular with the standard of integration of the model of placement planning which had been a key service development goal in 2019/2020.

The staff informed inspectors that they had job descriptions and contracts for their present role. They described recruitment processes and working conditions in line with the service's HR policies on recruitment and in line with relevant Irish and European legislation.

The HR policies included policies on recruitment and selection within which was outlined the checklist for employee files. Inspectors found that the checklist did not include the fact that verbal verification of the references was completed also. Upon examination of aspects of the two personnel files remotely examined by inspectors it was found that there was a reliance on those two files on the use of a verbal reference form. Inspectors recommend that there is ongoing oversight of the personnel files by the centre manager to ensure that this is not used extensively.

There was a written code of conduct contained within the HR policies and the main centre policies and procedures document. The code was prominently displayed at the beginning of the policy suite. The staff were aware of the code of conduct and the centre manager stated that they had all been provided with a copy of it, along with it

being discussed at a team meeting and that it came up organically as part of the day to day work with the young people.

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

The staff team described in their questionnaires and interviews a culture of inclusion in meetings and tasks shared within the team that allowed them to develop. The staff were provided with leadership and learning opportunities from within the centre and the Trust, several staff named that there were clear pathways to personal professional development. The team evidenced ongoing development through their monthly consultation with the expert in the model of placement planning, the integration of this model into the work at the centre enhanced the work of the team by measuring the outcomes for young people on an ongoing basis. The manager included personal professional development in supervision. Inspectors found that the staff team had accessed some additional training and development opportunities through the Trust and externally in the past.

The staff had weekly team meetings in place and structured daily handovers, the centre manager engaged with these and oversaw daily practice at the centre. The team described robust and respectful team meetings.

The centre's policy on supervision was implemented for the full time team by the centre manager, they conducted the sessions which were recorded and signed by both parties in accordance with policy time frames of 6 - 8 weekly intervals. Any gaps in the provision of supervision were accounted for and the provision of supervision had been audited. One social care leader, of the four in place, had trained in the provision of supervision and they had taken on the supervision of one staff. Staff and management named that during the pandemic the normal flow and location for supervision had been impacted but that the supervision sessions were helpful and central to their work. There were no arrangements as yet for supervisee training for all staff and this should be addressed and included in the centres supervision policy and onward to the training needs analysis.

There had been a temporary suspension of the Trusts approach to yearly performance review, the 'performance management, supervision and training policy', for 2020 in response to the impact of the pandemic. This was the mechanism utilised to appraise staff practice on a yearly basis with the policy outlining the principles of

the performance management as “reflection, discussion and personal development”. Inspectors were informed that this will now be resumed in 2021.

The staff had an extensive employee handbook and within which employee assistance programme was laid out. The team were familiar with the options available and stated that they received support directly from the centre manager also, through debriefing and could seek advice and support from external management who had regular contact with the centre. A recent loss of an ex resident had resulted in supports being offered to staff and options for this will continue to be looked at in 2021. The staff team also had access to a health and safety system and set of policies and training to enhance work place safety for workers. There were mechanisms for reporting accidents or injuries in the workplace in accordance with health and safety regulations.

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

The staff informed inspectors that they were happy with their training overall and identified the areas of substance misuse, self-harm, eating disorders and specific areas of specific learning difficulties and intellectual disability as key areas they have identified for additional training. Internal training in addiction was being organised at the time of the inspection. Staff further named that the organisation promoted professional development and offered the opportunity to be work toward promotion. The placement planning model highlighted what staff training was required to meet a specific need or goal identified on that plan.

Like many organisations mandatory training and development had been impacted by the pandemic response with particular delays in available first aid training options. At the time of the inspection mandatory training had been significantly addressed or was planned for and had been maintained under review by the centre manager and the director of child and family services. A social care leader took a lead role in training co-ordination and the centre manager reported that training certificates were maintained for each staff at the centre.

Training needs analysis was included in the HR policy on performance management, supervision and training with the annual performance reviews intended to generate training needs to the Trusts HR training department for inclusion into a yearly training schedule. The centre manager and their line management also co-ordinated

access to specific complementary training options through other specialist organisations, through Tusla or internally through the skills and training available on the team.

There was a policy in place on inductions which included an organisational induction and a centre specific induction over four weeks, a six-month probation period would follow thereafter. The centre manager stated that records were maintained of all inductions and probation periods, the probation period would not apply for an employee moving from a different service within the Trust where they had already passed a probation period.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 6.1 Standard 6.2 Standard 6.4
Practices met the required standard in some respects only	Standard 6.3
Practices did not meet the required standard	None identified

Actions required

- The director of child and family services and the regulation and compliance manager must incorporate a mechanism for staff supervisee training.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The centre manager must organise for the review and updating of the young people's information handbook.</p> <p>The centre manager should ensure that information is available for family and social workers that outline the key aspects of the model of needs assessment and placement plan scoring.</p> <p>The centre staff must ensure that the names of all staff on duty are recorded on the daily logs and on the handovers sheets.</p>	<p>SCM has updated the young person's booklet to reflect the use of the well tree model of care and service approach.</p> <p>SCM will continue to ensure this information is circulated to family, social workers and relevant professionals.</p> <p>SCM has given direction to the staff team on the importance of signing into logs for day shift duty.</p>	<p>This induction booklet will be updated annually or if any significant change occurs to staff team or unit.</p> <p>This will be monitored in audits by SCM and Regulation and Compliance Manager and overseen by the Director of Child and Family Services.</p> <p>This will be monitored in audits by SCM and Regulation and Compliance Manager and overseen by the Director of Child and Family Services.</p>
6	<p>The director of child and family services and the regulation and compliance manager must incorporate a mechanism for staff supervision</p>	<p>As there is no current supervisee training available, SCM and Director of Child and Family Services are in the process of developing a supervisee training</p>	<p>New staff members will be briefed on this workshop. Staff members can avail of refresher workshop if needed.</p>

	training.	workshop. This will be delivered to all staff across the U18s services including this centre by end of April 2021.	
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